

EPA General Permit WAG130000 - Annual Report



Annual Report of Operations
for Year 2020

**To comply with NPDES General Permit No. WAG130000 for Federal
Aquaculture Facilities and Aquaculture Facilities Located in Indian
Country within the Boundaries of the State of Washington**

NPDES # for your Facility:

130009

Facility & Owner Information

Facility Name:

FORD HATCHERY

Operator Name (Permittee):

WA DEPT. OF FISH AND WILDLIFE

Address:

P.O. BOX 70
FORD, WA 99013

Email:

jacob.wolfe@dfw.wa.gov

Phone:

509-258-4269

Owner Name (if different from operator):

Email:

Phone:

Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

USEPA REG



0000506

EPA General Permit WAG130000 - Annual Report

Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): **74800**

Pounds of food fed to fish during the maximum month:

13710

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/Spawned
Rainbow trout	57750	Stevens, Spokane, Pend Oreille	Mar, April, Oct.
Kokanee	7200	Grant and Stevens counties	June, Oct.
Brown trout	4000	Spokane and Stevens counties	Nov.
Brook trout	2000	Spokane and Stevens counties	Nov.
Tiger trout	1200	Pend Oreille county	June
Cutthroat trout	1800	Pend Oreille county	June

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	29144	8380	July	14653	3452
February	39241	11078	August	22049	5345
March	45438	13710	September	25253	5745
April	19827	5228	October	23845	5620
May	10042	2730	November	23514	5935
June	11488	3443	December	25263	5996

Additional Comments:

EPA General Permit WAG130000 - Annual Report

Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
fish mortality	1/1/20-12/31/20	on-site landfill
Additional Comments:		

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
1/1-12/31/20	normal mortality and light cases of bacterial gill disease	Drip treatment of Chloamine-T	675lbs
Additional Comments:			

EPA General Permit WAG130000 - Annual Report

Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
August		Visual inspection of abatement pond

EPA General Permit WAG130000 - Annual Report

Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Florfenicol (Aquaflor)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

EPA General Permit WAG130000 - Annual Report

Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: Organic Industries		Generic Name: Potassium Permanganate	
Reason for use: Bacterial Gill Disease			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): 68g to 150g	Total quantity of formulated product used in past year (specify units): 5.7 lbs	
Date(s) of treatment: 2/13/20 thru 11/05/20			Total number of treatments in past year: 51
Maximum daily volume of treated water: 12000 gal.	Treatment concentration (specify units): 1.0-2.0ppm	Duration and frequency of treatment(s): 1hr per treatment/3 consecutive days	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input checked="" type="checkbox"/> Other (describe): effluent
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

Brand Name: Halamid Aqua		Generic Name: Chloramine-T	
Reason for use: Bacterial Gill Disease			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment: 681	Total quantity of formulated product used in past year (specify units): 66.2lbs	
Date(s) of treatment: 2/28/20 thru 7/29/20			Total number of treatments in past year: 50
Maximum daily volume of treated water: 12000 gal.	Treatment concentration (specify units): 15 pmm	Duration and frequency of treatment(s): 1hr per treatment	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

EPA General Permit WAG130000 - Annual Report

Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: Parasite-S		Generic Name: Formalin	
Reason for use: Bacterial Gill Disease			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): 37mls to 1.5gal.	Total quantity of formulated product used in past year (specify units): 93 gal.	
Date(s) of treatment: 9/1/20 thru 12/31/20			Total number of treatments in past year: 75
Maximum daily volume of treated water: 18000 gal.	Treatment concentration (specify units): 1:600-1:12000	Duration and frequency of treatment(s): 1hr per treatment days needed	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input checked="" type="checkbox"/> Other (describe): effluent
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

Brand Name: Ovadine		Generic Name: PVP Iodine	
Reason for use: egg disinfectant			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment: 1700mls	Total quantity of formulated product used in past year (specify units): 3.8	
Date(s) of treatment: January, November and December			Total number of treatments in past year: 9
Maximum daily volume of treated water: 45 gal.	Treatment concentration (specify units): 1%	Duration and frequency of treatment(s): 15-60minutes	
Method of application:	<input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

EPA General Permit WAG130000 - Annual Report

Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: Aquaflor		Generic Name: Florfenical	
Reason for use: Bacterial Coldwater Disease			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): 0.15% to 0.3%	Total quantity of formulated product used in past year (specify units): 1628	
Date(s) of treatment: 3/11/20 thru 11/21/20			Total number of treatments in past year: 30
Maximum daily volume of treated water: 18000 gal.	Treatment concentration (specify units): 1.0-2.0%BW	Duration and frequency of treatment(s): 1-8 feeding 10 consecutive	
Method of application:	<input type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input checked="" type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input checked="" type="checkbox"/> Other (describe): effluent
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

Brand Name: Stockman		Generic Name: Sodium Chloride	
Reason for use: therapeutic/prophylactic			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment: 50lbs. per 100 gallons	Total quantity of formulated product used in past year (specify units): 5150	
Date(s) of treatment: January- December			Total number of treatments in past year: 51
Maximum daily volume of treated water: 18000 gal/ treatment	Treatment concentration (specify units): 50lbs. per 100gal.	Duration and frequency of treatment(s): when needed	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

Aquaculture Drugs and Chemicals (cont'd)**Additional Reporting Requirements for Water-Borne Treatments**

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments		
Tank Volume	170.55	Liters
Desired Static Bath Treatment Concentration	1%	µg/L
Volume of Product Needed	1.7	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: iodine Active Ingredient: 10%	Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	4.3 million gallons	Specify Units
Maximum % of Facility Discharge Treated	.0000001	% of Total Discharge

Flow-Through Treatments		
Tank Volume	62370	Liters
Calculated Flow Rate	544	Liters/Minute
Duration of Treatment	60	Minutes
Desired Flow-Through Treatment Concentration of Product	15ppm or 1.0-2.0ppm	µg/L
Amount of Product to Add Initially	454grams or 68g	Liters Product
Amount of Product to Add During Treatment	315	mL/Minute
Total Volume of Product Needed	18925	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 0 Active Ingredient:	Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	4.5 million gallons	Specify Units
Maximum % of Facility Discharge Treated	.004	% of Total Discharge

EPA General Permit WAG130000 - Annual Report

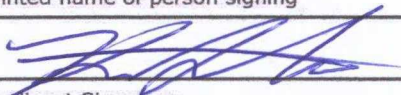
Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

No changes have been made.

Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Kevin A. Flowers	Fish Hatchery Specialist 4
Printed name of person signing	Title
	1-20-2021
Applicant Signature	Date Signed

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

Chemical usage-Attachment

<u>Date</u>	<u>Chemicals used, number of days used, maximum concentration in effluent</u>	<u>Yearly total</u>
-------------	-------------------------------------------------------------------------------	---------------------

Feb-Nov.	Chloramine-T, 45 days, no concentration at effluent	66.2 lbs.
----------	-----------------------------------------------------	-----------

Feb-July.	Potassium Permanganate, 17 days, no concentration at effluent	5.7 lbs.
-----------	---------------------------------------------------------------	----------

Sept.-Dec	Iodine, 4 days, less than .5 ppm	3.8 gal.
-----------	----------------------------------	----------

Jan.-Dec.	Formalin, 70 days, less than .5ppm	93 gal.
-----------	------------------------------------	---------